

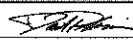
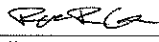
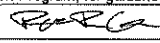
SITE HEALTH AND SAFETY PLAN (HASP)

Office: CLV
Site Name: Plastech Site Assessment
Client: U.S. EPA Region V
Work Location: 205 Maple Street Ext., Andover, OH 44003
WO#: 20405.012.001.1942.00
DCN #: 1942-2D-BAMK

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SITE HEALTH AND SAFETY PLAN (HASP)

Prepared by: Dustin Bates		W.O. Number: 20405.012.001.1942.00	Date: 8/20/2012
Project Identification		Site History: On February 1, 2008, Plastech Engineered Products, Inc. (Plastech) filed for bankruptcy. In February 2009, the Ohio EPA attempted to work with Trusted Partner LLC, an entity who purchased the assets of the former Plastech facility, to remove regulated substances. In February 2010, a limited amount of regulated substances were removed and on June 15, 2010, the Ohio EPA issued a Notice of Violation (NOV) for violations. No response was received concerning this letter. The Ohio EPA continued to monitor the former facility with the intention of working with any prospective buyer of the property to address the outstanding issues.	
Office:	CLV	On June 13, 2012, the Ohio EPA conducted an inspection of the facility which revealed regulated substances consisting of paints and solvents, containers labeled as Corrosive and Oxidizer, and leaking oil-filled electrical transformers. In addition, the site was unsecure and accessible to the public. Evidence of vandalism was observed at the the former facility.	
Site Name:	Plastech SA		
Client:	U.S.EPA Region V		
Work Location Address:	205 Maple Street Extension Andover, OH 44003		
Scope of Work: Participate in an initial site walkthrough. Develop a HASP and field sampling plan. Inventory all containers on site. Collect samples from drums, tanks, transformers, and other containers for laboratory analysis.			
<input type="checkbox"/> Site visit only; site HASP not necessary. List personnel here and sign off below: <input type="checkbox"/> Utility notification required. If required, provide utility notification agency, authorization number, and valid dates:			
Regulatory Status:			
Site regulatory status: CERCLA/SARA RCRA Other Federal Agency <input checked="" type="checkbox"/> U.S. EPA <input type="checkbox"/> U.S. EPA <input type="checkbox"/> DOE <input checked="" type="checkbox"/> State <input type="checkbox"/> State <input type="checkbox"/> USACE <input type="checkbox"/> NPL Site NRC <input type="checkbox"/> Air Force <input type="checkbox"/> OSHA <input type="checkbox"/> 10 CFR 20 <input type="checkbox"/> _____ Hazard Communication (Req'd See Attachment D) <input checked="" type="checkbox"/> 1910 <input type="checkbox"/> 1926 <input type="checkbox"/> State		Safety Officer Manual (Required to be On-Site) Based on the Hazard Assessment and Regulatory Status, determine the Standard HASP(s) applicable to this project. Indicate below which Standard HASP will be used and append the appropriate pages of this form along with the Standard Plan. <input type="checkbox"/> Stack Test <input type="checkbox"/> _____ <input type="checkbox"/> Air Emissions <input type="checkbox"/> _____ <input type="checkbox"/> Asbestos <input type="checkbox"/> _____ <input type="checkbox"/> Industrial Hygiene <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
Review and Approval Documentation:			
Reviewed by:	Dave Robinson		Date: 8/21/12
SO/DEHSM/CEHS	Name (Print)	Signature	
Environmental Compliance Advisor	Name (Print)	Signature	Date: _____
Approved by:	Ryan Green		Date: 8/20/2012
Project Manager	Name (Print)	Signature	
Hazard Assessment and Equipment Selection:			
In accordance with WESTON's Personal Protective Equipment Program and 29 CFR 1910.132, at the site prior to personnel beginning work, the FSO and/or the Site Manager have evaluated conditions and verified that the personal protective equipment selection outlined within this HASP is appropriate for the hazards known or expected to exist. (Refer to CEHS Program Manual Section 5, Personal Protection Program, for guidance.)			
<input checked="" type="checkbox"/> FSO	Ryan Green		Date: 8/20/2012
	Name	Signature	
<input type="checkbox"/> Site Manager			Date: _____
	Name	Signature	

<input type="checkbox"/> Project Environmental Compliance Officer			
		Name _____ Date: _____	
<input type="checkbox"/> Dangerous Goods Shipping Coordinator			
		Name _____ Date: _____	
Project start date: 8/27/2012 End date: 9/30/2012	This site HASP must be reissued/reapproved for any activities conducted after: Date: 2/27/2013	Amendment date(s) 1. 2. 3. 4.	By:



BEHAVIOR-BASED SAFETY (BBS) – Pledge

I Accept and Understand 100% Safe Work Is an Achievable Goal

- ★ I will work to develop strong connections and team with my co-workers to establish a culture of working safely 100% of the time.
- ★ I will actively care about all Weston employees, our families, team contractors and clients.
- ★ I will help to keep our projects safe and will meet and exceed compliance requirements.
- ★ I will understand and comply with the Health and Safety Plan, Accident Prevention Plan, and Environmental Compliance Plan for each field project. They guide my actions.
- ★ I will stop any work that presents an imminent hazard to people or the environment or is not adequately addressed in the Health and Safety Plan, Accident Prevention Plan, or Environmental Compliance Plan.
- ★ I will identify changing conditions to address safety implications. No surprises!
- ★ I will identify unsafe working conditions and be proactive in correcting them.
- ★ I will coach and mentor and will accept coaching from others to encourage safe work behaviors.
- ★ I am empowered to share lessons-learned and foster continuous improvement.

I will Learn where I can get Assistance

- ★ I will develop high quality relationships with my Division Environmental, Health, and Safety (EHS) Manager; Profit Center Safety Officer; and Field Safety Officer.
- ★ I will learn how and when to contact our Environmental Advisors.
- ★ I will get to know our Corporate EHS staff and become familiar with the Corporate EHS Portal Site.

I will Report All Incidents

- ★ If a safety incident occurs, even if there is no injury or damage but there could have been, I will report the incident immediately.
 - ★ I will conduct safety reviews of all incidents with my supervisor, if requested. The review will focus on cause and lessons-learned so that we can be proactive in preventing it from happening again.
-
-

PROJECT QUALITY PLEDGE GUIDE

Living by our core value of "Exceptional Quality" means we deliver products and services that meet the highest standards. In doing so, we strive to identify, understand, and execute the project scope of work according to our clients' exceptional performance expectations. The Project Quality Pledge is the process we use to ensure our clients' exceptional performance expectations are met – every time.

This document provides guidance and links to examples for developing and executing a successful Project Quality Pledge. All Pledges will not be the same; what is important is that **your Pledge makes sense to your client and your team**. Project Quality Pledges can be very detailed (PENREN), or streamlined (IAS), depending on what works for your client and team. It can be a stand-alone document or incorporated into the Project Execution Plan or Project Instructions ([Fort Sam](#)).

The three most important aspects of the Project Quality Pledge are:

- Talk to your client frequently
- Understand your client's exceptional performance expectations
- Communicate client expectations to your team

Talk to Your Client

You cannot know your clients' exceptional performance expectations without talking to them. We must initiate and sustain a dialog with our clients. The 'client' may include several stakeholders, so communication is essential.

- Focus on exceptional performance expectations in all project phases (proposal to completion).
- Hold regularly-scheduled discussions with the client to ask about Weston performance.
- Schedule client-Weston meetings if any key client contacts change.
- Review/revise quality goals if client expectations change.
- Document and address client issues or suggestions and share with your team.

Understand Your Clients' Exceptional Performance Expectations

At its very basic level, the Pledge should identify our overall commitment to the client, including a statement describing that commitment ([Surf City](#)). Ask yourself, what is the shared vision?

- Define the clients' exceptional performance expectations. These expectations translate into one or more goals included in the Pledge ([EcoTourism](#)). Inquire about any sustainability goals the client may have and discuss how our project could incorporate these goals.
- Develop the Project Quality Pledge. The lead for this effort is typically the CSM or PM.
- Identify and link WESTON and client contacts to ensure zippered communication. These contacts can be recorded in the Pledge or elsewhere; the important point is to link Weston and client contacts ([Sherwin Williams](#)).

Communicate Client Expectations to Your Team

In order to meet our client's exceptional performance expectations, we must secure the project team's commitment to those expectations. Each team member should not only understand the Project Quality Pledge, but should also be able to articulate it to others and identify his/her specific role in achieving it.

- Discuss the Pledge at the kickoff meeting & regularly scheduled project meetings.
- Ensure each team member understands the Pledge, and his/her specific role.
- Have team members sign the Pledge. The Pledge can define each person's specific role along with their signature ([IAS](#)), or provide a signature page for the overall pledge ([EcoTourism](#)).

TABLE OF CONTENTS

Section	Page
1. PERSONNEL ON SITE INFORMATION	1-1
1.1 WESTON REPRESENTATIVES	1-2
1.2 WESTON SUBCONTRACTORS	1-2
1.3 SITE PERSONNEL AND CERTIFICATION STATUS	1-3
1.3.1 WESTON Employee Certification	1-3
1.3.2 Subcontractor's Health and Safety Program Evaluation	1-4
2. HEALTH AND SAFETY EVALUATION	2-1
2.1 HEALTH AND SAFETY EVALUATION	2-2
2.1.1 Task Hazard Assessment	2-2
2.1.2 Chemical Hazards of Concern	2-3
2.1.3 Biological Hazards of Concern	2-4
2.1.4 Radiation Hazards of Concern	2-5
2.1.5 Physical Hazards of Concern	2-6
3. SITE SECURITY	3-1
3.1 SITE SECURITY ASSESSMENT FORM	3-2
3.2 WESTON SITE SECURITY CHECKLIST	3-3
3.3 SITE SECURITY ASSESSMENT FORM	Error! Bookmark not defined.
4. TASK BY TASK ASSESSMENT	4-1
4.1 TASK-BY-TASK RISK ASSESSMENT	4-2
4.1.1 Task 1 Description	4-2
4.1.2 Task 2 Description	4-3
4.1.3 Task 3 Description	4-4
4.1.4 Task 4 Description	4-5
4.1.5 Task 4 Description	4-6
4.2 PERSONNEL PROTECTION PLAN	4-7
4.3 DESCRIPTION OF LEVELS OF PROTECTION	4-8
5. MONITORING PROGRAM	5-1
5.1.1 Air Monitoring Instruments	5-2
5.1.1 Air Monitoring Instruments Calibration Record	5-3
5.2 SITE AIR MONITORING PROGRAM	5-4
5.3 ACTION LEVELS	5-5
6. HOSPITAL INFORMATION	6-1
6.1 CONTINGENCIES	6-2
6.1.1 Emergency Contacts and Phone Numbers	6-2
6.1.2 Hospital Map	6-4
6.1.3 Response Plans	6-6
7. DECONTAMINATION PLAN	7-1
7.1 GENERAL DECONTAMINATION PLAN	7-2
7.2 LEVEL D DECONTAMINATION PLAN	7-3
7.3 LEVEL C DECONTAMINATION PLAN	7-4
7.4 LEVEL B DECONTAMINATION PLAN	7-5
8. TRAINING AND BRIEFING TOPICS/SIGN OFF SHEET	8-1
8.1 TRAINING AND BRIEFING TOPICS	8-2
8.2 HEALTH AND SAFETY PLAN APPROVAL/SIGNOFF FORM	8-3

August 2012

ATTACHMENTS

ATTACHMENT A	Chemical Contaminants Data Sheets
ATTACHMENT B	Safety Data Sheets
ATTACHMENT C	Safety Procedures/Field Operating Procedures (FLD Ops)
ATTACHMENT D	Hazard Communication Program
ATTACHMENT E	Air Sampling Data Sheets
ATTACHMENT F	Incident Reporting
ATTACHMENT G	Traffic Control Plan
ATTACHMENT H	Environmental Health & Safety Inspection Checklist
ATTACHMENT I	Hazard Checklist (Single Page)
ATTACHMENT J	Audit and Other Forms

August 2012

1. PERSONNEL ON SITE INFORMATION

1.1 WESTON REPRESENTATIVES

Organization/Branch	Name/Title	Address	Telephone
WESTON / CLV	Ryan Green / Project Manager	6779 Engle Road, Suite I Middleburg Heights, OH 44130	440-202-2811 330-958-0037
WESTON / CLV	Dustin Bates / Project Scientist	6779 Engle Road, Suite I Middleburg Heights, OH 44130	440-202-2803 330-671-8559
WESTON / CLV	Michael Link / Project Scientist	6779 Engle Road, Suite I Middleburg Heights, OH 44130	440-202-2805

Roles and Responsibilities:

Ryan Green – START Project Manager

Dustin Bates – Project Scientist

Michael Link – Project Scientist

1.2 WESTON SUBCONTRACTORS

Organization/Branch	Name/Title	Address	Telephone
	Name: Title:	Street: City: State, Zip:	
	Name: Title:	Street: City: State, Zip:	
	Name: Title:	Street: City: State, Zip:	

Roles and Responsibilities:

SITE-SPECIFIC HEALTH AND SAFETY PERSONNEL

The Site Field Safety Officer (FSO) for activities to be conducted at this site is: Ryan Green

The Site Manager has ultimate responsibility for ensuring that the provisions of this Site HASP are adequate and implemented in the field.

Changing field conditions may require decisions to be made concerning adequate protection programs. Therefore, the personnel assigned as FSOs must be experienced and meet the additional training requirements specified by OSHA in 29 CFR 1910.120.

Qualifications:

40-hour HAZWOPER and 8-hour refreshers, First-aid, CPR, BBP, FSO trainings

Designated alternates include: Mike Link

1.3 SITE PERSONNEL AND CERTIFICATION STATUS

1.3.1 WESTON Employee Certification

Name: Ryan Green Title: Project Manager Task(s): All Certification Level or Description: <input checked="" type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)	Name: Dustin Bates Title: Project Scientist Task(s): All Certification Level or Description: <input checked="" type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)
Name: Michael Link Title: Project Scientist Task(s): All Certification Level or Description: <input checked="" type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)	Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)
Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)	Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)
Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)	Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)
Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)	Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)
Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)	Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)

TRAINING CURRENT - Training: All personnel, including visitors, entering the exclusion or contamination reduction zones must have certifications of completion of training in accordance with OSHA 29 CFR 1910.120, 29 CFR 1910.120, or 29 CFR 1910.120.

FIT TEST CURRENT - Respirator Fit Testing: All persons, including visitors, entering any area requiring the use or potential use of any tight-fitting respirator must have had, as a minimum, a qualitative fit test, administered in accordance with OSHA 29 CFR 1910.134 or ANSI, within the last 12 months. If site conditions require the use of a full-face, tight-fitting, air-purifying respirator for protection from asbestos or lead, employees must have had a quantitative fit test, administered according to OSHA 29 CFR 1910.1001 or .1025 or 29 CFR 1926.1101 or .62, within the last 12 months.

MEDICAL CURRENT - Medical Monitoring Requirements: All personnel, including visitors, entering the exclusion or contamination reduction zones must be certified as medically fit to work and able to wear a respirator, if appropriate, in accordance with 29 CFR 1910 or 29 CFR 1926 (substance-specific), or 29 CFR 1910.120 (HAZWOPER).

The Site Field Safety Officer is responsible for verifying all certifications and fit tests.

SITE PERSONNEL AND CERTIFICATION STATUS

1.3.2 Subcontractor's Health and Safety Program Evaluation

Name of Subcontractor:

Address:

Activities To Be Conducted by Subcontractor:

Evaluation Criteria

Medical Program meets OSHA/WESTON criteria

☐ Acceptable
☐ Unacceptable

Comments:

Personal Protective Equipment available

☐ Acceptable
☐ Unacceptable

Comments:

On-site monitoring equipment available, calibrated, and operated properly

☐ Acceptable
☐ Unacceptable

Comments:

Safe Working Procedures clearly specified

☐ Acceptable
☐ Unacceptable

Comments:

Training meets OSHA/WESTON criteria

☐ Acceptable
☐ Unacceptable

Comments:

Emergency Procedures

☐ Acceptable
☐ Unacceptable

Comments:

Decontamination Procedures

☐ Acceptable
☐ Unacceptable

Comments:

General Health and Safety Program evaluation

☐ Acceptable
☐ Unacceptable

Comments:

Additional comments:

☐ Subcontractor has agreed to and will conform to the WESTON HASP for this project.
☐ Subcontractor will work under its own HASP, which has been accepted by Project PM.

Evaluation Conducted by:

Date:

Evaluation Source (SubTrack, etc.):

Subcontractor

Certifications for all subcontractor personnel will be added to the HASP prior to beginning work.

Name:

Title:

Task(s):

Certification Level or Description:

☐ Medical Current ☐ Training Current
☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)

Name:

Title:

Task(s):

Certification Level or Description:

☐ Medical Current ☐ Training Current
☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)

Name:

Title:

Task(s):

Certification Level or Description:

☐ Medical Current ☐ Training Current
☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)

Name:

Title:

Task(s):

Certification Level or Description:

☐ Medical Current ☐ Training Current
☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)

2. HEALTH AND SAFETY EVALUATION

2.1 HEALTH AND SAFETY EVALUATION

2.1.1 Task Hazard Assessment

Background Review: ☒ Complete ☐ Partial If partial why?

Activities Covered Under This Plan:

No.	Task/Subtask	Description	Schedule
1, 2, 3, 4	1	Initial Walkthrough and Container Inventory	August 27, 2012
1, 2, 3, 4	2	Drum, Tank, Transformer, and Container Sampling	August 27, 2012

Types of Hazards:

Numbers refer to one of the following hazard evaluation forms. Complete hazard evaluation forms for each appropriate hazard class.

Physiochemical 1 <input checked="" type="checkbox"/> Flammable <input checked="" type="checkbox"/> Explosive <input checked="" type="checkbox"/> Corrosive <input checked="" type="checkbox"/> Reactive <input checked="" type="checkbox"/> O ₂ Rich <input checked="" type="checkbox"/> O ₂ Deficient	Chemically Toxic 1 <input checked="" type="checkbox"/> Inhalation <input checked="" type="checkbox"/> Carcinogen <input checked="" type="checkbox"/> Ingestion <input type="checkbox"/> Mutagen <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Teratogen <input checked="" type="checkbox"/> Absorption <input checked="" type="checkbox"/> OSHA 1910.1000 Substance (Air Contaminants) <input type="checkbox"/> OSHA Specific Hazard Substance Standard (Refer to following page for listing)	Radiation 3 Ionizing: <input type="checkbox"/> Internal exposure <input type="checkbox"/> External exposure Non-ionizing: <input checked="" type="checkbox"/> UV <input type="checkbox"/> IR <input type="checkbox"/> RF <input type="checkbox"/> MicroW <input type="checkbox"/> Laser	Biological 2 <input type="checkbox"/> Etiological Agent <input checked="" type="checkbox"/> Other (plant, insect, animal) Physical Hazards 4 <input type="checkbox"/> Construction Activities
---	---	---	---

Source/Location of Contaminants and Hazardous Substances:

Directly Related to Tasks <input type="checkbox"/> Air <input checked="" type="checkbox"/> Other Surface <input type="checkbox"/> Groundwater <input type="checkbox"/> Soil <input checked="" type="checkbox"/> Surface Water <input type="checkbox"/> Sanitary Wastewater <input type="checkbox"/> Process Wastewater <input checked="" type="checkbox"/> Other <u>Waste chemicals in abandoned drums and tanks</u>	Indirectly Related to Tasks — Nearby Process(es) That Could Affect Team Members: <input type="checkbox"/> Client Facility/WESTON Work Location <input type="checkbox"/> Nearby Non-Client Facility Describe: <input checked="" type="checkbox"/> Have activities (task(s)) been coordinated with facility? Comments: Abandoned Facility. Access obtained by U.S. EPA
---	--

HEALTH AND SAFETY EVALUATION

2.1.2 Chemical Hazards of Concern

☐ N/A

Chemical Contaminants of Concern

Attach data sheets from an acceptable source such as NIOSH pocket guide, condensed chemical dictionary, ACGIH TLV booklet, Hazardous Substances Data base (HSDB), etc. List chemicals and concentrations below and locate data sheets in Attachment A of this HASP.

☐ N/A

Identify hazardous materials used or on-site and attach Safety Data Sheets (SDSs) for all reagent type chemicals, solutions, or other identified materials that in normal use in performing tasks related to this project could produce hazardous substances. Ensure that all subcontractors and other parties working nearby are informed of the presence of these chemicals and the location of the SDSs. Obtain from subcontractors and other parties, lists of the hazardous materials they use or have on-site and identify location of the SDSs here. List chemicals and quantities below and locate SDSs in Attachment B of this HASP.

Chemical Name	Concentration	Chemical Name	Quantity
Transformers with <50 ppm PCB labels	Unknown	Alconox	< 1 lb.
Drums labeled corrosive	Unknown	Calibration gases, Multi-Gas, isobutylene	1 cyl. each
5-gal buckets, one labeled oxidizer	Unknown		

OSHA-SPECIFIC HAZARDOUS SUBSTANCES

<input type="checkbox"/> 1910.1001 Asbestos	<input type="checkbox"/> 1910.1002 Coal tar pitch volatiles	<input type="checkbox"/> 1910.1003 4-Nitrobiphenyl, etc.	<input type="checkbox"/> 1910.1004 alpha-Naphthylamine
<input type="checkbox"/> 1910.1005 [Reserved]	<input type="checkbox"/> 1910.1006 Methyl chloromethyl ether	<input type="checkbox"/> 1910.1007 3,3'-Dichlorobenzidine (and its salts)	<input type="checkbox"/> 1910.1008 bis-Chloromethyl ether
<input type="checkbox"/> 1910.1009 beta-Naphthylamine	<input type="checkbox"/> 1910.1010 Benzidine	<input type="checkbox"/> 1910.1011 4-Aminodiphenyl	<input type="checkbox"/> 1910.1012 Ethyleneimine
<input type="checkbox"/> 1910.1013 beta-Propiolactone	<input type="checkbox"/> 1910.1014 2-Acetylaminofluorene	<input type="checkbox"/> 1910.1015 4-Dimethylaminoozobenzene	<input type="checkbox"/> 1910.1016 N-Nitrosodimethylamine
<input type="checkbox"/> 1910.1017 Vinyl chloride	<input type="checkbox"/> 1910.1018 Inorganic arsenic	<input type="checkbox"/> 1910.1025 Lead (Att. FLD# 48)	<input type="checkbox"/> 1910.1026 Chromium VI (att. FLD 53)
<input type="checkbox"/> 1910.1027 Cadmium (Att. 50 FLD)	<input type="checkbox"/> 1910.1028 Benzene (Att. FLD# 54 or 61)	<input type="checkbox"/> 1910.1029 Coke oven emissions	<input type="checkbox"/> 1910.1043 Cotton dust
<input type="checkbox"/> 1910.1044 1,2-Dibromo-3-chloropropane	<input type="checkbox"/> 1910.1045 Acrylonitrile	<input type="checkbox"/> 1910.1047 Ethylene oxide	<input type="checkbox"/> 1910.1048 Formaldehyde
<input type="checkbox"/> 1910.1050 Methylenedianiline	<input type="checkbox"/> 1910.1051 1,3 Butadiene	<input type="checkbox"/> 1910.1052 Methylene chloride	<input type="checkbox"/> 1926.60 Methylenedianiline
<input type="checkbox"/> 1926.62 Lead	<input type="checkbox"/> 1926.1101 Asbestos (Att. FLD 52)	<input type="checkbox"/> 1926.1127 Cadmium	

HEALTH AND SAFETY EVALUATION

2.1.3 Biological Hazards of Concern

<input checked="" type="checkbox"/> Poisonous Plants (FLD 43-D) Location/Task No(s): All Source: <input type="checkbox"/> Known <input checked="" type="checkbox"/> Suspect Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration Team Member(s) Allergic: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Immunization required: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Insects (FLD 43-B) Location/Task No(s): All Source: <input type="checkbox"/> Known <input checked="" type="checkbox"/> Suspect Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration Team Member(s) Allergic: <input type="checkbox"/> Yes <input type="checkbox"/> No Immunization required: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Snakes, Reptiles (FLD 43-A) Location/Task No(s): All Source: <input type="checkbox"/> Known <input checked="" type="checkbox"/> Suspect Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration Team Member(s) Allergic: <input type="checkbox"/> Yes <input type="checkbox"/> No Immunization required: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Animals (FLD 43-A) Location/Task No(s): All Source: <input type="checkbox"/> Known <input checked="" type="checkbox"/> Suspect Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration Team Member(s) Allergic: <input type="checkbox"/> Yes <input type="checkbox"/> No Immunization required: <input type="checkbox"/> Yes <input type="checkbox"/> No
FLD 43 — WESTON Biohazard Field Operating Procedures: Att. OP <input type="checkbox"/>	
<input type="checkbox"/> Sewage Location/Task No.(s): Source: <input type="checkbox"/> Known <input type="checkbox"/> Suspect Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration Team Member(s) Allergic: <input type="checkbox"/> Yes <input type="checkbox"/> No Immunization required: <input type="checkbox"/> Yes <input type="checkbox"/> No Tetanus Vaccination within Past 10 yrs: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Etiologic Agents (FLD -C)(List) Location/Task No.(s): Source: <input type="checkbox"/> Known <input type="checkbox"/> Suspect Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration Team Member(s) Allergic: <input type="checkbox"/> Yes <input type="checkbox"/> No Immunization required: <input type="checkbox"/> Yes <input type="checkbox"/> No
FLD 43-C — Mold and Fungus. Att. OP <input type="checkbox"/>	
FLD 44 — WESTON Bloodborne Pathogens Exposure Control Plan – First Aid Procedures: Att. OP <input checked="" type="checkbox"/>	
FLD 45 — WESTON Bloodborne Pathogens Exposure Control Plan – Working with Infectious Waste: Att. OP <input type="checkbox"/>	

HEALTH AND SAFETY EVALUATION

2.1.4 Radiation Hazards of Concern

NONIONIZING RADIATION

Task No.	Type of Nonionizing Radiation	Source On-Site	TLV/PEL	Wavelength Range	Control Measures	Monitoring Instrument
A11	Ultraviolet	Solar			Appropriate clothing/sunscreen	None
	Infrared					
	Radio Frequency					
	Microwave					
	Laser					

IONIZING RADIATION

Task No.	Radionuclide	Major Radiations	Radioactive Half-Life (Years)	DAC ($\mu\text{Ci}/\text{mL}$)			Surface Contamination Limit	Monitoring Instrument
				D	W	Y		

HEALTH AND SAFETY EVALUATION

2.1.5 Physical Hazards of Concern (Note: Check related RAVS-FLDs for Oil & Gas Clients)

Physical Hazard Condition	Physical Hazard	Attach OP	WESTON OP Titles
Loud noise	Hearing loss/disruption of communication	<input type="checkbox"/>	Section 7.0 - ECH&S Program Manual Occupational Noise & HC Program
Inclement weather	Rain/humidity/cold/dew/snow/lightning	<input checked="" type="checkbox"/>	FLD02 - Inclement Weather
Steam heat stress	Burns/displaced oxygen/wet working surfaces	<input type="checkbox"/>	FLD03 - Hot Process - Steam
Heat stress	Burns/hot surfaces/low pressure steam	<input type="checkbox"/>	FLD04 - Hot Process - LT3
Ambient heat stress	Heat rash/cramps/exhaustion/heat stroke	<input checked="" type="checkbox"/>	FLD05 - Heat Stress Prevention/Monitoring
Cold stress	Hypothermia/frostbite	<input checked="" type="checkbox"/>	FLD06 - Cold Stress
Cold/wet	Trench/paddy/immersion foot/edema	<input type="checkbox"/>	FLD02 - Inclement Weather
Confined spaces	Falls/burns/drowning/engulfment/electrocution	<input type="checkbox"/>	FLD08 - Confined Space Entry
Industrial Trucks	Fork Lift Truck Safety	<input type="checkbox"/>	FLD09 - Powered Industrial Trucks
Improper lifting	Back strain/abdomen/arm/leg muscle/joint injury	<input checked="" type="checkbox"/>	FLD10 - Manual Lifting/Handling Heavy Objects
Uneven surfaces	Vehicle accidents/slips/trips/falls	<input checked="" type="checkbox"/>	FLD11 - Rough Terrain
Poor housekeeping	Slips/trips/falls/punctures/cuts/fires	<input checked="" type="checkbox"/>	FLD12 - Housekeeping
Structural integrity	Crushing/overhead hazards/compromised floors	<input checked="" type="checkbox"/>	FLD13 - Structural Integrity
Improper cylinder handling	Mechanical injury/fire/explosion/suffocation	<input type="checkbox"/>	FLD16 - Pressure Systems - Compressed Gases
Water hazards	Poor visibility/entanglement/drowning/cold stress	<input type="checkbox"/>	FLD17 - Diving
Water hazards	Drowning/heat/cold stress/hypothermia/falls	<input type="checkbox"/>	FLD18 - Operation and Use of Boats
Water hazards	Drowning/frostbite/hypothermia/falls/electrocution	<input type="checkbox"/>	FLD19 - Working Over Water
Vehicle hazards	Struck by vehicle/collision	<input type="checkbox"/>	FLD20 - Traffic
Explosions	Explosion/fire/thermal burns	<input type="checkbox"/>	FLD21 - Explosives
Moving mechanical parts	Crushing/pinch points/overhead hazards/electrocution	<input type="checkbox"/>	FLD22 - Earth Moving Equipment
Moving mech. parts	Overhead hazards/electrocution	<input type="checkbox"/>	FLD23 - Cranes, Rigging, and Slings
Working at elevation	Overhead hazards/falls/electrocution	<input type="checkbox"/>	FLD24 - Aerial Lifts/Man lifts
Working at elevation	Overhead hazards/falls/electrocution	<input type="checkbox"/>	FLD25 - Working at Elevation
Working at elevation	Overhead hazards/falls/electrocution/slips	<input type="checkbox"/>	FLD26 - Ladders
Working at elevation	Slips/trips/falls/overhead hazards	<input type="checkbox"/>	FLD27 - Scaffolding
Trench cave-in	Crushing/falling/overhead hazards/suffocation	<input type="checkbox"/>	FLD28 - Excavating/trenching
Physiochemical	Explosions/fires from oxidizing, flammable material	<input checked="" type="checkbox"/>	FLD30 - Hazardous Materials Use/Storage
Physiochemical	Fire and explosion	<input type="checkbox"/>	FLD31 - Fire Prevention/Response Plan Required
Physiochemical	Fire	<input checked="" type="checkbox"/>	FLD32 - Fire Extinguishers Required
Structural integrity	Overhead/electrocution/slips/trips/falls/fire	<input type="checkbox"/>	FLD33 - Demolition
Electrical	Electrocution/shock/thermal burns	<input type="checkbox"/>	FLD34 - Utilities
Electrical	Electrocution/shock/thermal burns	<input checked="" type="checkbox"/>	FLD35 - Electrical Safety
Burns/fires	Heat stress/wires/burns	<input type="checkbox"/>	FLD36 - Welding/Cutting/Brazing/Radiography
Impact/thermal	Thermal burns/high pressure impaction/heat stress	<input type="checkbox"/>	FLD37 - Pressure Washers/Sand Blasting
Impact/electrical	Smashing body parts/pinching/cuts/electrocution	<input checked="" type="checkbox"/>	FLD38 - Hand and Power Tools
Poor visibility	Slips/trips/falls	<input checked="" type="checkbox"/>	FLD39 - Illumination
Fire/explosion	Burns/impaction	<input type="checkbox"/>	FLD40 - Storage Tank Removal/Decommissioning
Communications	Disruption of communications	<input checked="" type="checkbox"/>	FLD41 - Std. Hand/Emergency Signals
Energy/release	Unexpected release of energy	<input type="checkbox"/>	FLD42 - Lockout/Tag-out
Biological Hazards	Biological Hazards at site	<input type="checkbox"/>	FLD43 - Biological Hazards
Animals	Animals	<input checked="" type="checkbox"/>	FLD43A - Animals
Insects	Stinging and Biting Insects	<input checked="" type="checkbox"/>	FLD43B - Stinging and Biting Insects
Molds/Fungi	Molds and Fungi	<input type="checkbox"/>	FLD43C - Molds and Fungi
Hazardous Plants	Hazardous Plants	<input checked="" type="checkbox"/>	FLD43D - Hazardous Plants
Etiologic Agents	Etiologic Agents	<input type="checkbox"/>	FLD43E - Etiologic Agents

2.1.5 Physical Hazards of Concern (Continued)

Physical Hazard Condition	Physical Hazard	Attach OP	WESTON OP Titles
Biological Hazards/BBP	Biological Hazards/BBP at site/First Aid Providers	<input type="checkbox"/>	FLD44 - Biological Hazards - Bloodborne Pathogens Exposure Control Plan - First Aid Providers
Infectious Waste	Infectious Waste at site/BBP/ at site/infectious Waste	<input type="checkbox"/>	FLD45 - Biological Hazards - Bloodborne Pathogens Exposure Control Plan - Work With Infectious Waste
Lead Contaminated sites	Lead poisoning	<input type="checkbox"/>	FLD46 - Control of Exposure to Lead
Puncture/cuts	Cuts/ dismemberment/gouges	<input type="checkbox"/>	FLD47 - Clearing, Grubbing and Logging Operations
Government Inspector	Disruption of Operations	<input type="checkbox"/>	FLD48 - Federal, State, Local Regulatory Agency Inspections
Unknown Chemicals	Exposure to hazardous materials/waste	<input type="checkbox"/>	FLD49 - Safe Storage of Samples
Cadmium	Exposure Control	<input type="checkbox"/>	FLD50 - Cadmium Exposure Control Plan
Process Safety Procedure	Safety Procedure	<input type="checkbox"/>	FLD51 - Process Safety Procedure
Asbestos	Asbestos Exposure	<input type="checkbox"/>	FLD52 - Asbestos Exposure Control Plan
Hexavalent Chromium	Exposure Control Plan	<input type="checkbox"/>	FLD53 - Hexavalent Chromium Exposure Control Plan
Benzene	Exposure Control Plan	<input type="checkbox"/>	FLD54 - Benzene Exposure Control Plan
Hydrofluoric acid	Working with HF	<input type="checkbox"/>	FLD55 - Working with Hydrofluoric Acid
Moving drill rig parts	Crushing/pinch points/overhead hazards/electrocution	<input type="checkbox"/>	FLD56 - Drilling Safety
Vehicles/driving	Accidents/fatigue/cell phone use	<input type="checkbox"/>	FLD 57 - Motor Vehicle Safety
Improper material handling	Back injury/crushing from load shifts/equipment/tools	<input type="checkbox"/>	FLD 58 - Drums Handling Operations
COC decontamination	COCs/slip, trip, and falls/waste generation/environmental compliance/PPE	<input type="checkbox"/>	FLD59 - Decontamination
Drilling hazards	Electrocution/overhead hazards/pinch points	<input type="checkbox"/>	Environmental Remediation Drilling Safety Guideline - 2005
Fatigue	Long work hours	<input type="checkbox"/>	FLD60 - Employee Duty Schedule
Benzene/Gasoline	Benzene exposure	<input type="checkbox"/>	FLD61 - Gasoline Contaminant Exposure
Cardiac Arrest	Accident/Heart Attack	<input type="checkbox"/>	FLD62 - 2009 Automatic External Defibrillator (AED) Program Guidelines
Ionizing Radiation	Ionizing Radiation	<input type="checkbox"/>	FLD63 - Using Handheld X-Ray Fluorescence (XRF) Analyzers
Working Alone	Isolated Working Conditions	<input type="checkbox"/>	FLD64 - Employees Working Alone

3. SITE SECURITY

3.1 SITE SECURITY ASSESSMENT FORM

DESCRIPTION	
Site Name and Location: PlasTech 205 Maple Street Extension Andover, OH 44003	Number of Employees and Subcontractors on Site: 4: Ryan Green, Dustin Bates, Mike Link / Weston USEPA OSC Lori Muller
Type of Work: START Site Assessment at Abandoned Industrial Facility	
Projected Start Date: 8/27/12	Projected Completion Date: 8/27/12
Are Chemicals Used or Stored That Meet DHS/CFATS Requirements? http://www.dhs.gov/files/programs/gc_1185909570187.shtm	
If Yes, Attach Plan and DHS Approvals to HASP. http://www.dhs.gov/files/programs/gc_1169501486197.shtm	
SURROUNDING AREA (urban/suburban/rural; residential/commercial/industrial; traffic volume, population density, etc.) Small rural town; plant is located on the northwest corner of town near residential and other commercial / light industrial properties. Population density low; farm/undeveloped land to the west and north.	
THREAT INDICATORS (apparent social, economic, political, ethnic, criminal, gang related, and other risk factors) None Known	
COUNTERMEASURES (Current and projected risk mitigation factors) Security Systems (Reference Site Security Checklist): Site is an abandoned industrial facility; U.S. EPA has secured access to the facility.	
Security Procedures (Reference Site Security Checklist): U.S. EPA has secured access to the facility for the site assessment. Local law enforcement has been identified in the event that unauthorized persons are identified at the site.	
Closest police station location and contact information: Andover Police Department 134 Maple Street Andover, OH 440-293-4555	
Other relevant observations or information to factor into the Site Security Plan: --	
OVERALL SECURITY ASSESSMENT (Submit "Medium" and "High" risk assessments to Corporate Security for review)	
Risk Level: <input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Date: 8/20/12
Site Safety Officer: Ryan Green	Division Safety Manager: Ted Deecke
USE ATTACHMENTS FOR ADDITIONAL COMMENTS, MAPS AND DIAGRAMS	

3.2 WESTON SITE SECURITY CHECKLIST

To be used for completing the Site Security Assessment Form required on all WESTON projects.
Contact Corporate Security for guidance on any items that are "NEEDED" and "NOT IN PLACE".

CONTROL MEASURES:	In-Place / Not In-Place	Needed / Not Needed
1. Fencing, lockable gates, no holes (enter details below):	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input checked="" type="checkbox"/>
a. Chain Link material	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
b. Other material (describe)	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
c. Height (in feet and inches)	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
d. Top cover (e.g., razor wire)	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
e. Signage (e.g., No Trespassing)	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
2. Guard service:	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input checked="" type="checkbox"/>
a. During working hours?	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
b. During non-working hours?	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
c. As a stationary post?	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
d. As a roving patrol?	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
e. Do they have written instructions?	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
f. Do they have adequate training?	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
g. Do they have adequate supervision?	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
h. Do they have daily reports?	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
i. Do they have daily inspections?	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
3. ID badges displayed by:	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
a. Employees? (Weston START's)	<input checked="" type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
b. Contractors? (U.S. EPA OSC)	<input checked="" type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
c. Visitors? (OEPA)	<input checked="" type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
4. Log books for:	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
a. Employee sign-in? (logbook documentation)	<input checked="" type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
b. Visitor sign-in?	<input checked="" type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
c. Vehicle sign-in?	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input checked="" type="checkbox"/>
d. Incident reports?	<input checked="" type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
e. Property removal?	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
f. Keys and access cards?	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input checked="" type="checkbox"/>
5. Electronics and hardware options (enter details below):	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input checked="" type="checkbox"/>
a. Access card readers	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
b. Adequate lighting	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
c. Closed circuit TV	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
d. Alarm system	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
e. Other (describe)	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
6. Procedures documented for:	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input checked="" type="checkbox"/>
a. Security training?	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
b. Security instructions?	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
c. Contingency plans?	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
d. Opening and closing protocols?	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
e. Other (describe)?	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
7. Law enforcement liaison documented for:	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
a. Municipal police?	<input checked="" type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
b. County sheriff?	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input checked="" type="checkbox"/>
c. State police?	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input checked="" type="checkbox"/>
d. Federal agencies (specify)? (U.S. EPA OSC)	<input checked="" type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>

WESTON SITE SECURITY CHECKLIST (CONTINUED)

To be used for completing the Site Security Assessment Form required on all WESTON projects.
Contact Corporate Security for guidance on any items that are "NEEDED" and "NOT IN PLACE".

CHAIN OF COMMAND:	Name	24/7 Contact Information
a. Site Security Coordinator	Ryan Green	330-958-0037
b. Site Supervisor	Ryan Green U.S. EPA OSC Lori Muller	330-958-0037 440-954-0840
c. Project Manager	Ryan Green	330-958-0037
d. PC Manager	Sally Bartz	517-881-5264

REMARKS (use this section and supplemental pages to comment on details, exceptions or additional observations):

4. TASK BY TASK ASSESSMENT

4.1 TASK-BY-TASK RISK ASSESSMENT

4.1.1 Task 1 Description

TASK 1: Initial Walkthrough and Container Inventory

EQUIPMENT REQUIRED/USED

START ID	MultiRAE Plus
Hard Hat	Micro-R
Steel toe boots	IS Flashlight
Safety glasses	Log book
Latex booties	Digital camera

POTENTIAL HAZARDS/RISKS

Chemical

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

There are reportedly 8 drums and 20 5-gal buckets inside the former facility with unknown contents. At least one drum has a corrosive label, and one bucket has an oxidizer label. Two floor sumps reportedly contain paint or solvents. Three transformers with liquid contents are on site, and have <50 PCB labels.

Container inventory activities will include recording labeling and condition of containers on drum inventory log sheets, and collection of photographs. Drums and containers will not be disturbed or opened during inventory activities.

Physical

☒ Hazard Present Risk Level: ☐ H ☒ M ☐ L

What justifies risk level?

The former facility is abandoned and may contain scattered debris, rough terrain, and poor lighting. Photos of the facility from Ohio EPA indicate that vandalism of the building has occurred in some areas. Bare wires may be encountered; power to the facility is likely off but unconfirmed.

Biological

☒ Hazard Present Risk Level: ☐ H ☐ M ☐ L

What justifies risk level?

Overgrown vegetation is likely to be encountered around the site. Exposure to insects, small reptiles, rodents and other animals is possible.

RADIOLOGICAL

☐ Hazard Present Risk Level: ☐ H ☐ M ☐ L

What justifies risk level?

None known other than sunlight; initial entry will include screening all areas with a microR meter.

LEVELS OF PROTECTION/JUSTIFICATION

Modified Level D

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

TASK-BY-TASK RISK ASSESSMENT (Continued)

4.1.2 Task 2 Description

TASK 2: Drum, Tank, Transformer, and Container Sampling

EQUIPMENT REQUIRED/USED

START ID	Nitrile inner gloves	Drum thieves	Log book
Hard Hat	Nitrile outer gloves	Bailers	
Steel toe boots	Latex booties	Nylon string	
SCBAs	MultiRAE Plus	Sample jars	
Poly Tyvek suits	IS Flashlight	Digital camera	

POTENTIAL HAZARDS/RISKS

Chemical

☒ Hazard Present Risk Level: ☐ H ☒ M ☐ L

What justifies risk level?

All 8 drums reportedly at the site drums will be opened and headspace readings will be collected using the MultiRAE Plus. Waste samples will be collected using drum thieves. Ohio EPA documented a corrosive label on one drum; all are considered to contain unknown contents. Some chemicals may be flammable, reactive, corrosive or toxic. Due to the unknown contents in some containers, Level B PPE including SCBA respirators will be used.

Three electrical transformers with liquid contents are labeled with >50 ppm PCB stickers, but U.S. EPA requested sampling of all 3 transformers for confirmation of PCB concentrations.

Two in-floor sumps reportedly contain paint and/or solvents. Waste samples will be collected using polyethylene bailers.

Twenty 5-gallon buckets were reported at the site by Ohio EPA, one bucket, which contains an oxidizer label, will be sampled.

Physical

☒ Hazard Present Risk Level: ☐ H ☒ M ☐ L

What justifies risk level?

The former facility is abandoned and may contain scattered debris, rough terrain, and poor lighting. Photos of the facility from Ohio EPA indicate that vandalism of the building has occurred in some areas. Bare wires may be encountered; power to the facility is likely off but unconfirmed.

Biological

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

Overgrown vegetation is likely to be encountered around the site. Exposure to insects, small reptiles, rodents and other animals is possible.

RADIOLOGICAL

☐ Hazard Present Risk Level: ☐ H ☐ M ☐ L

What justifies risk level?

None known except sunlight.

LEVELS OF PROTECTION/JUSTIFICATION

Level B PPE

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

4.1 TASK-BY-TASK RISK ASSESSMENT (Continued)

4.1.3 Task 3 Description

TASK 3:

EQUIPMENT REQUIRED/USED

POTENTIAL HAZARDS/RISKS

Chemical

☐ Hazard Present
What justifies risk level?

Risk Level: ☐ H ☐ M ☐ L

Physical

☐ Hazard Present
What justifies risk level?

Risk Level: ☐ H ☐ M ☐ L

Biological

☐ Hazard Present
What justifies risk level?

Risk Level: ☐ H ☐ M ☐ L

RADIOLOGICAL

☐ Hazard Present
What justifies risk level?

Risk Level: ☐ H ☐ M ☐ L

LEVELS OF PROTECTION/JUSTIFICATION

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

4.1 TASK-BY-TASK RISK ASSESSMENT (Continued)	
4.1.4 Task 4 Description	
TASK 4:	
EQUIPMENT REQUIRED/USED	
POTENTIAL HAZARDS/RISKS	
Chemical	
<input type="checkbox"/> Hazard Present What justifies risk level?	Risk Level: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
Physical	
<input type="checkbox"/> Hazard Present What justifies risk level?	Risk Level: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
Biological	
<input type="checkbox"/> Hazard Present What justifies risk level?	Risk Level: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
RADIOLOGICAL	
<input type="checkbox"/> Hazard Present What justifies risk level?	Risk Level: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
LEVELS OF PROTECTION/JUSTIFICATION	
SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED	
All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.	

4.1 TASK-BY-TASK RISK ASSESSMENT (Continued)	
4.1.5 Task 5 Description	
TASK 5:	
EQUIPMENT REQUIRED/USED	
POTENTIAL HAZARDS/RISKS	
Chemical	
<input type="checkbox"/> Hazard Present What justifies risk level?	Risk Level: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
Physical	
<input type="checkbox"/> Hazard Present What justifies risk level?	Risk Level: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
Biological	
<input type="checkbox"/> Hazard Present What justifies risk level?	Risk Level: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
RADIOLOGICAL	
<input type="checkbox"/> Hazard Present What justifies risk level?	Risk Level: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
LEVELS OF PROTECTION/JUSTIFICATION	
SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED	
All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.	

4.2 PERSONNEL PROTECTION PLAN

Engineering Controls

Describe Engineering Controls used as part of Personnel Protection Plan:

Task(s):

All Doors to the buildings will be left open where possible to encourage fresh-air ventilation and improve lighting.

Administrative Controls

Describe Administrative Controls used as part of Personnel Protection Plan:

Task(s):

All Work in teams of 2 at all times.
 2 Position support zone personnel upwind of the work area when unknown drums and containers are opened.
 2 Contact SO prior to continuing sampling activities if uncommon, unexpected, or extremely hazardous labeling is found; e.g. shock-sensitive peroxides, picric acid, etc.

Personal Protective Equipment

Action Levels for Changing Levels of Protection. Refer to Site Air Monitoring Program—Action Levels. Define Action Levels for up or down grade for each task:

Task(s):

All Modified level D PPE for all tasks with action levels for VOC's and no opening of unknown drums
 2 Level B PPE for opening and sampling drums and containers with unknown contents.

Description of Levels of Protection

Level D	Level D Modified
Task(s): <input type="checkbox"/> Head <input type="checkbox"/> Eye and Face <input type="checkbox"/> Hearing <input type="checkbox"/> Arms and Legs Only <input type="checkbox"/> Appropriate Work Uniform <input type="checkbox"/> Hand -- Gloves <input type="checkbox"/> Foot - Safety Boots <input type="checkbox"/> Fall Protection <input type="checkbox"/> Flotation <input type="checkbox"/> Other	Task(s): 1 <input checked="" type="checkbox"/> Head Hardhat <input checked="" type="checkbox"/> Eye and Face ANSI-approved safety glasses <input type="checkbox"/> Hearing <input type="checkbox"/> Arms and Legs Only <input type="checkbox"/> Whole Body <input type="checkbox"/> Apron <input checked="" type="checkbox"/> Hand - Gloves Nitrile surgical if needed <input type="checkbox"/> Gloves <input type="checkbox"/> Gloves <input checked="" type="checkbox"/> Foot - Safety Boots Steel-toe boots <input checked="" type="checkbox"/> Over Boots Latex booties

4.3 DESCRIPTION OF LEVELS OF PROTECTION

Level C	Level B () or Level A ()
Task(s):	Task(s): 2
<input type="checkbox"/> Head	<input checked="" type="checkbox"/> Head Hardhat
<input type="checkbox"/> Eye and Face	<input checked="" type="checkbox"/> Eye and Face SCBA
<input type="checkbox"/> Hearing	<input type="checkbox"/> Hearing
<input type="checkbox"/> Arms and Legs Only	<input type="checkbox"/> Arms and Legs Only
<input type="checkbox"/> Whole Body	<input checked="" type="checkbox"/> Whole Body Poly-coated tyvek w/hood
<input type="checkbox"/> Apron	<input type="checkbox"/> Apron
<input type="checkbox"/> Hand - Gloves	<input checked="" type="checkbox"/> Hand - Gloves Nitrile surgical inner
<input type="checkbox"/> Gloves	<input checked="" type="checkbox"/> Gloves Heavy, long-cuff nitrile outer
<input type="checkbox"/> Gloves	<input type="checkbox"/> Gloves
<input type="checkbox"/> Foot - Safety Boots	<input checked="" type="checkbox"/> Foot - Safety Boots ANSI approve steel-toe boots
<input type="checkbox"/> Outer Boots	<input checked="" type="checkbox"/> Outer Boots Latex booties
<input type="checkbox"/> Boots (Other)	<input type="checkbox"/> Boots (Other)
<input type="checkbox"/> Half Face	<input type="checkbox"/> SAR - Airline
<input type="checkbox"/> Cart./Canister	<input checked="" type="checkbox"/> SCBA MSA or Scott SCBA
<input type="checkbox"/> Full Face	<input type="checkbox"/> Comb. Airline/SCBA
<input type="checkbox"/> Cart./Canister	<input type="checkbox"/> Cascade System
<input type="checkbox"/> PAPR	<input type="checkbox"/> Compressor
<input type="checkbox"/> Cart./Canister	<input type="checkbox"/> Fall Protection
<input type="checkbox"/> Type C	<input type="checkbox"/> Flotation
<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Other
<input type="checkbox"/> Flotation	
<input type="checkbox"/> Other	

5.2 SITE AIR MONITORING PROGRAM

Action Levels

These Action Levels, if not defined by regulation, are some percent (usually 50%) of the applicable PEL/TLVREL. That number must also be adjusted to account for instrument response factors.

	Tasks	Action Level		Action
<input type="checkbox"/> Explosive or Flammable Atmosphere		Ambient Air Concentration	Confined Space Concentration	
		<10% LEL	0 to 1% LEL	Work may continue. Consider toxicity potential.
		10 to 25% LEL	1 to 10% LEL	Work may continue. Increase monitoring frequency.
		>25% LEL	>10% LEL	Work must stop. Ventilate area before returning.
<input type="checkbox"/> Oxygen		Ambient Air Concentration	Confined Space Concentration	
		<19.5% O ₂	<19.5% O ₂	Leave area. Re-enter only with self-contained breathing apparatus.
		19.5% to 25% O ₂	19.5% to 23.5% O ₂	Work may continue. Investigate changes from 21%.
		>25% O ₂	>23.5% O ₂	Work must stop. Ventilate area before returning.
<input type="checkbox"/> Radiation		< 3 times background		Continue work.
		3 times background to < 1 mR/hour		Radiation above background levels (normally 0.01-0.02 mR/hr) signifies possible radiation source(s) present. Continue investigation with caution. Perform thorough monitoring. Consult with a Health Physicist.
<input type="checkbox"/> Radiation		> 1 mrem/hour		Potential radiation hazard. Evacuate site. Continue investigation only upon the advice of Health Physicist.
<input checked="" type="checkbox"/> Organic Gases and Vapors	1	VOC's by PID <5 units in breathing zone		Level D PPE
		VOC's by PID >5 units in breathing zone		Stop work; consult SO for upgrade.
<input type="checkbox"/> Inorganic Gases, Vapors, and Particulates				

6. HOSPITAL INFORMATION

6.1 CONTINGENCIES

6.1.1 Emergency Contacts and Phone Numbers

Agency	Contact	Phone Number
WorkCare WESTON Medical Director	Dr. Peter Greaney	From 6 am to 4:30 pm Pacific Time call 800-455-6155 and dial 0 for the Operator or ext. 475 for Heather Lind to request the on-call clinician.
WorkCare WESTON Program Administrator	Heather Lind	
After-Business Hours Contact (In Case of Emergency Only)		4:31 p.m. – 5:59 a.m. Pacific Time, all day Saturday, Sunday, and Holidays call 800-455-6155 Dial 3 to reach the after-hours answering service. Request that the service connect you with the on-call clinician or the on-call clinician will return your call within 30 minutes.
WESTON Corporate EHS Director	Owen B. Douglass, Jr.	610.701.3065 (office) ; 610.506.5392 (cell)
WESTON Medical Programs Manager	Owen B. Douglass, Jr.	610.701.3065 (office); 610.506.5392 (cell)
WESTON Health & Safety Division Safety Manager	Ted Deecke	847-337-4147
WESTON Health & Safety Local Safety Officer	David Robinson	937-531-4405 (office); 937-572-3630 (mobile)
Fire Department	Andover Fire Dept.	(440) 293-6363, or 911
Police Department	Andover Police Dept.	(440) 293-4555, or 911
WESTON FSO Cell Phone	Ryan Green	330-958-0037
WESTON PM Cell Phone	Ryan Green	330-958-0037
Client Site Phone	OSC Lori Muller	440-954-0840 (cell)
Site Telephone	R. Green's Mobile	330-958-0037
Nearest Telephone	TBD	TBD
Poison Control		(800) 222-1222

Local Medical Emergency Facility(s) - LMF

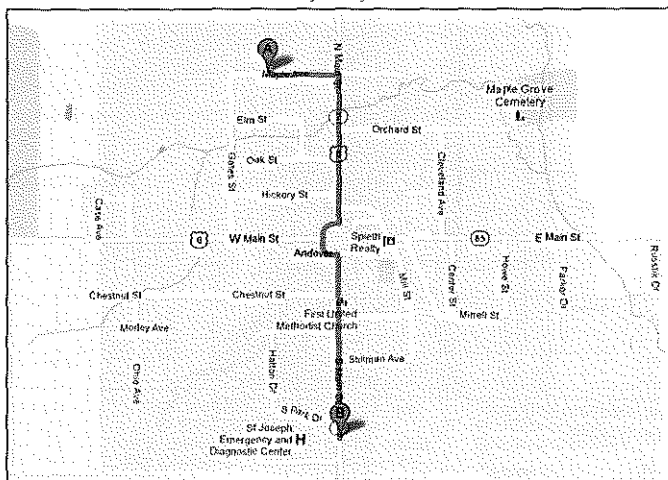
Name of Hospital: St. Joseph Emergency and Diagnostic Center		
Address: 476 South Main Street, Andover, OH		Phone No.: (440) 293-6111
Name of Contact: Level II Trauma Center		Phone No.: (440) 293-6111
Type of Service: <input type="checkbox"/> Physical trauma only <input type="checkbox"/> Chemical exposure only <input checked="" type="checkbox"/> Physical trauma and chemical exposure <input checked="" type="checkbox"/> Available 24 hours	Route to Hospital: (See Attached)	Travel time from site: 3 minutes Distance to hospital: 1 mile Name/no. of 24-hr ambulance service: 911

Secondary or Specialty Service Provider		
Name of Hospital: UPMC Horizon Hospital		
Address: 110 North Main Street, Greenville, PA		Phone No.: (724) 588-2100
Name of Contact: Level II Trauma Center		Phone No.: (724) 588-2100
Type of Service:	Route to Hospital (see attached):	Travel time from site: 32 minutes
<input type="checkbox"/> Physical trauma only <input type="checkbox"/> Chemical exposure only <input checked="" type="checkbox"/> Physical trauma and chemical exposure <input checked="" type="checkbox"/> Available 24 hours		Distance to hospital: 21.1 miles Name/no. of 24-hr ambulance service: 1

See reporting an incident in Attachment F.

6.1.2 Hospital Map

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**Driving directions to St. Joseph
Emergency and Diagnostic Center,
476 South Main Street, Andover,
OH 44003**



Maple St
Andover, OH 44003

1. Head east on Maple Ave toward N Main St



2. Take the 1st right onto N Main St



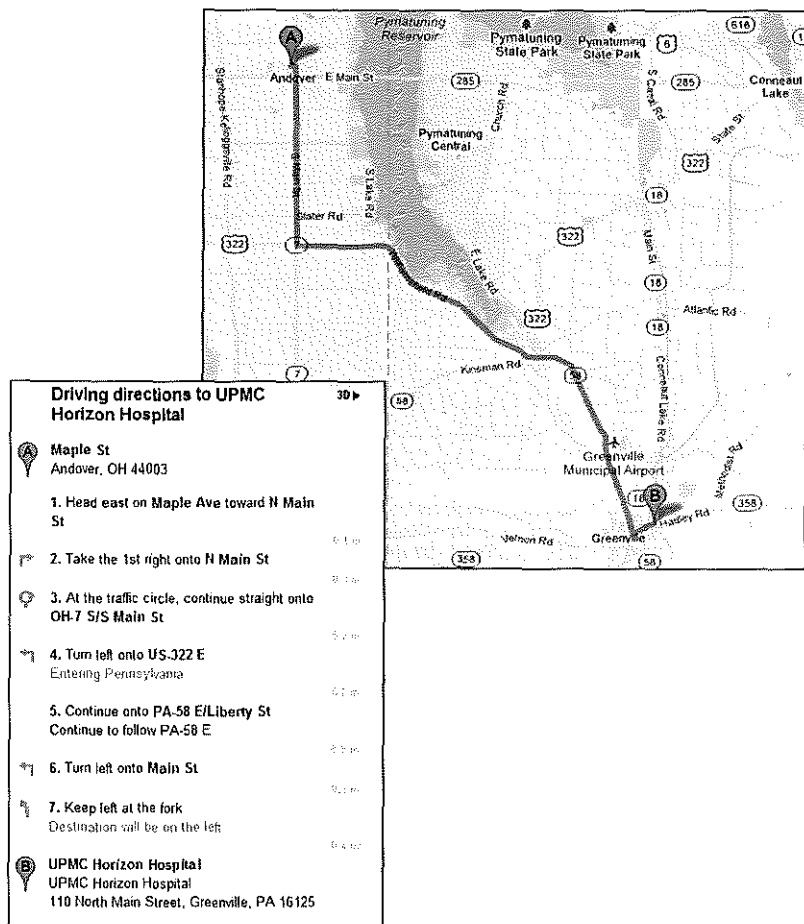
3. At the traffic circle, continue straight onto S Main St

Destination will be on the right



St. Joseph Emergency and Diagnostic Center
476 South Main Street, Andover, OH 44003

This map is subject to Google's Terms of Service, and Google is the owner of rights therein. Portions of this image may have been removed for clarity.



6.1 CONTINGENCIES

6.1.3 Response Plans

Medical - General Provide first aid, if trained; assess and determine need for further medical assistance. Transport or arrange for transport after appropriate decontamination. LMF = Local Medical Facility		First Aid Kit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Type Appropriate sized ANSI-approved Type III Kit, plus BBP	Location In Vehicle	Special First-Aid Procedures: Cyanides on-site <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, contact LMF. Do they have antidote kit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Blood Borne Pathogens Kit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		Eyewash required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Type 4x4 oz bottles	Location With First Aid Kit	HF on-site <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, need neutralizing ointment for first-aid kit. Contact LMF
		Shower required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type	Location	
Plan for Response to Spill/Release		Plan for Response to Fire/Explosion			Fire Extinguishers
In the event of a spill or release, ensure safety, assess situation, and perform containment and control measures, as appropriate.	a. Cleanup per SDSs if small, or sound alarm, call for assistance, notify Emergency Coordinator	In the event of a fire or explosion, ensure personal safety, assess situation, and perform containment and control measures, as appropriate.	a. Sound alarm and call for assistance, notify Emergency Coordinator	Type/Location ABC/Vehicle	
	b. Evacuate to pre-determined safe place		b. Evacuate to predetermined safe place	_____	
	c. Account for personnel		c. Account for personnel	_____	
	d. Determine if team can respond safely		d. Use fire extinguisher <u>only if safe and trained</u> in its use	_____	
	e. Mobilize per Site Spill Response Plan		e. Stand by to inform emergency responders of materials and conditions	_____	
Description of Spill Response Gear	Location	Description (Other Fire Response Equipment)	Location		
Plan to Respond to Security Problems Notify OSC; call 911; avoid confrontation					

7. DECONTAMINATION PLAN

7.1 GENERAL DECONTAMINATION PLAN

Personnel Decontamination

Consistent with the levels of protection required, step-by-step procedures for personnel decontamination for each level of protection are attached.

Levels of Protection Required for Decontamination Personnel

The levels of protection required for personnel assisting with decontamination will be:

☐ Level B

☐ Level C

☒ Level D

Modifications include:

Disposition of Decontamination Wastes

Provide a description of waste disposition including identification of storage area, hauler, and final disposal site, if applicable

Waste from the site assessment will be primarily discarded PPE and sampling supplies; waste will be collected in trash bags and staged onsite for disposal during a removal action, or transported offsite for disposal as solid waste, as appropriate.

Equipment Decontamination

A procedure for decontamination steps required for non-sampling equipment and heavy machinery follows:

Wipe down instruments with disposable wipes.

Sampling Equipment Decontamination

Sampling equipment will be decontaminated in accordance with the following procedure:

NA – only disposable sampling equipment will be utilized.

7.2 LEVEL D DECONTAMINATION PLAN

Check indicated functions or add steps, as necessary:

Function	Description of Process, Solution, and Container
<input type="checkbox"/> Segregated equipment drop	
<input type="checkbox"/> Boot cover and glove wash	
<input type="checkbox"/> Boot cover and glove rinse	
<input type="checkbox"/> Tape removal - outer glove and boot	
<input checked="" type="checkbox"/> Boot cover removal	Dispose in trash bag
<input type="checkbox"/> Outer glove removal	Dispose in trash bag
HOTLINE	
<input type="checkbox"/> Suit/safety boot wash	
<input type="checkbox"/> Suit/boot/glove rinse	
<input type="checkbox"/> Safety boot removal	
<input type="checkbox"/> Suit removal	
<input type="checkbox"/> Inner glove wash	
<input type="checkbox"/> Inner glove rinse	
<input type="checkbox"/> Inner glove removal	
<input type="checkbox"/> Inner clothing removal	
CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY	
<input type="checkbox"/> Field wash	
<input type="checkbox"/> Redress	
Disposal Plan, End of Day: Consolidate in trash bags for disposal as solid waste.	
Disposal Plan, End of Week: Consolidate in trash bags for disposal as solid waste.	
Disposal Plan, End of Project: Consolidate in trash bags for disposal as solid waste.	

7.3 LEVEL C DECONTAMINATION PLAN

Check indicated functions or add steps, as necessary:

Function	Description of Process, Solution, and Container
<input type="checkbox"/> Segregated equipment drop	
<input type="checkbox"/> Boot cover and glove wash	
<input type="checkbox"/> Boot cover and glove rinse	
<input type="checkbox"/> Tape removal - outer glove and boot	
<input type="checkbox"/> Boot cover removal	
<input type="checkbox"/> Outer glove removal	
HOTLINE	
<input type="checkbox"/> Suit/safety boot wash	
<input type="checkbox"/> Suit/boot/glove rinse	
<input type="checkbox"/> Safety boot removal	
<input type="checkbox"/> Suit removal	
<input type="checkbox"/> Inner glove wash	
<input type="checkbox"/> Inner glove rinse	
<input type="checkbox"/> Facepiece removal	
<input type="checkbox"/> Inner glove removal	
<input type="checkbox"/> Inner clothing removal	
CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY	
<input type="checkbox"/> Field wash	
<input type="checkbox"/> Redress	
Disposal Plan, End of Day:	
Disposal Plan, End of Week:	
Disposal Plan, End of Project:	

7.4 LEVEL B (X) or Level A () DECONTAMINATION PLAN

Check indicated functions or add steps, as necessary:

Function	Description of Process, Solution, and Container
<input type="checkbox"/> Segregated equipment drop	
<input type="checkbox"/> Boot cover and glove wash	
<input type="checkbox"/> Boot cover and glove rinse	
<input checked="" type="checkbox"/> Tape removal - outer glove and boot	Dispose of in trash bag
<input checked="" type="checkbox"/> Boot cover removal	Dispose of in trash bag
<input checked="" type="checkbox"/> Outer glove removal	Dispose of in trash bag
HOTLINE	
<input type="checkbox"/> Suit/safety boot wash	
<input type="checkbox"/> Suit/SCBA/boot/glove rinse	
<input type="checkbox"/> Safety boot removal	
<input checked="" type="checkbox"/> Remove SCBA backpack w/o disconnect	
<input checked="" type="checkbox"/> Splash suit removal	Dispose of in trash bag
<input type="checkbox"/> Inner glove wash	
<input type="checkbox"/> Inner glove rinse	
<input checked="" type="checkbox"/> SCBA disconnect and facepiece removal	
<input checked="" type="checkbox"/> Inner glove removal	Dispose of in trash bag
<input type="checkbox"/> Inner clothing removal	
CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY	
<input checked="" type="checkbox"/> Field wash	Wash hands and face prior to eating or drinking
<input type="checkbox"/> Redress	
Disposal Plan, End of Day: Consolidate in trash bags for disposal as solid waste	
Disposal Plan, End of Week: See above	
Disposal Plan, End of Project: See above	

8. TRAINING AND BRIEFING TOPICS/SIGN OFF SHEET

8.1 TRAINING AND BRIEFING TOPICS

The following items will be covered at the site-specific training meeting, daily or periodically.

<input type="checkbox"/> Site characterization and analysis, Sec. 3.0, 29 CFR 1910.120 (l)	<input type="checkbox"/> Level A
<input checked="" type="checkbox"/> Physical hazards	<input checked="" type="checkbox"/> Level B
<input checked="" type="checkbox"/> Chemical hazards	<input type="checkbox"/> Level C
<input checked="" type="checkbox"/> Animal bites, stings, and poisonous plants	<input checked="" type="checkbox"/> Level D
<input type="checkbox"/> Etiologic (infectious) agents	<input checked="" type="checkbox"/> Monitoring, 29 CFR 1910.120 (h)
<input type="checkbox"/> Site control, 29 CFR 1910.120 (d)	<input checked="" type="checkbox"/> Decontamination, 29 CFR 1910.120 (k)
<input type="checkbox"/> Engineering controls and work practices, 29 CFR 1910.120 (g)	<input type="checkbox"/> Emergency response, 29 CFR 1910.120 (l)
<input type="checkbox"/> Heavy machinery	<input type="checkbox"/> Elements of an emergency response, 29 CFR 1910.120 (l)
<input type="checkbox"/> Forklift	<input type="checkbox"/> Procedures for handling site emergency incidents, 29 CFR 1910.120 (l)
<input type="checkbox"/> Backhoe	<input type="checkbox"/> Off-site emergency response, 29 CFR 1910.120 (l)
<input checked="" type="checkbox"/> Equipment	<input checked="" type="checkbox"/> Handling drums and containers, 29 CFR 1910.120 (j)
<input checked="" type="checkbox"/> Tools	<input checked="" type="checkbox"/> Opening drums and containers
<input type="checkbox"/> Ladder, 29 CFR 1910.25, 26, 26 + 29 CFR 1926.1053	<input type="checkbox"/> Electrical material handling equipment
<input type="checkbox"/> Overhead and underground utilities	<input type="checkbox"/> Radioactive waste
<input type="checkbox"/> Scaffolds	<input type="checkbox"/> Shock-sensitive waste
<input checked="" type="checkbox"/> Structural integrity	<input type="checkbox"/> Laboratory waste packs
<input type="checkbox"/> Unguarded openings - wall, floor, ceilings	<input checked="" type="checkbox"/> Sampling drums and containers
<input checked="" type="checkbox"/> Pressurized air cylinders	<input type="checkbox"/> Shipping and transport, 49 CFR 172.101, IATA
<input checked="" type="checkbox"/> Personal protective equipment, 29 CFR 1910.120 (g); 29 CFR 1910.134	<input type="checkbox"/> Tank and vault procedures
<input checked="" type="checkbox"/> Respiratory protection, 29 CFR 1910.120 (g); ANSI Z88.2	<input checked="" type="checkbox"/> Illumination, 29 CFR 1926.26
<input type="checkbox"/> Working over water FLD-19 <input type="checkbox"/>	<input type="checkbox"/> Sanitation, 29 CFR 1926.27
<input type="checkbox"/> Boating safety FLD-18	<input checked="" type="checkbox"/> Proper lifting techniques
<input checked="" type="checkbox"/> Heat Stress / Cold Stress	<input type="checkbox"/>

8.2 HEALTH AND SAFETY PLAN APPROVAL/SIGNOFF FORM

Site Name: Plastech Site Assessment

WO#: 20405.012.001.1942.00

Address: 250 Maple Street Extension
Andover, OH 44003

I understand, agree to, and will conform with the information set forth in this Health and Safety Plan (and attachments) and discussed in the personnel health and safety briefing(s).

Name

Signature

Date

Ryan Green

MIKE LINK

Dustin Bates

Lori Muller

[Signature]

[Signature]

[Signature]

[Signature]

8/29/2012

8/29/2012

8-29-2012

8/29/12

ATTACHMENT A
CHEMICAL CONTAMINANTS DATA SHEETS

Insert sheets on following page.

NIOSH Pocket Guide to Chemical Hazards

Chlorodiphenyl (54% chlorine)		CAS 11097-69-1
C ₆ H ₅ Cl ₂ C ₆ H ₄ Cl ₂ (approx)		RTECS TQ1360000
Synonyms & Trade Names Aroclor® 1254, PCB, Polychlorinated biphenyl		DOT ID & Guide 2315 171
Exposure Limits	NIOSH REL*: Ca TWA 0.001 mg/m ³ See Appendix A [*Note: The REL also applies to other PCBs.]	
	OSHA PEL: TWA 0.5 mg/m ³ [skin]	
IDLH Ca [5 mg/m ³] See: IDLH INDEX		Conversion
Physical Description Colorless to pale-yellow, viscous liquid or solid (below 50°F) with a mild, hydrocarbon odor.		
MW: 326 (approx)	BP: 689-734°F	FRZ: 50°F
VP: 0.00006 mmHg	IP: ?	Sol: Insoluble
FLP: NA	UEL: NA	Sp Gr(77°F): 1.38
Nonflammable Liquid, but exposure in a fire results in the formation of a black soot containing PCBs, polychlorinated dibenzofurans, and chlorinated benzo-p-dioxins.		
Incompatibilities & Reactivities Strong oxidizers		
Measurement Methods NIOSH 5503; OSHA PV2088 See: NMAM or OSHA Methods		
Personal Protection & Sanitation (See protection)		First Aid (See procedures)
Skin: Prevent skin contact		Eye: Irrigate immediately
Eyes: Prevent eye contact		Skin: Soap wash immediately
Wash skin: When contaminated		Breathing: Respiratory support
Remove: When wet or contaminated		Swallow: Medical attention immediately
Change: Daily		
Provide: Eyewash, Quick drench		
<u>Important additional information about respirator selection</u> Respirator Recommendations NIOSH At concentrations above the NIOSH REL, or where there is no REL, at any detectable concentration: (APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode (APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus Escape: (APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister having an N100, R100, or P100 filter. Click here for information on selection of N, R, or P filters./Any appropriate escape-type, self-contained breathing apparatus		
Exposure Routes inhalation, skin absorption, ingestion, skin and/or eye contact		
Symptoms Irritation eyes, chloracne; liver damage; reproductive effects; [potential occupational carcinogen]		
Target Organs Skin, eyes, liver, reproductive system		
Cancer Site [in animals: tumors of the pituitary gland & liver, leukemia]		

ATTACHMENT B
SAFETY DATA SHEETS
(ATTACH SDS)

Insert documents on following page:

Alconox

4-gas monitor calibration gas

100 ppm Isobutylene – PID calibration gas.

ATTACHMENT C

SAFETY PROCEDURES/FIELD OPERATING PROCEDURES (FLD OPS)

Insert documents on following page.

In lieu of attaching individual copies of FLDs, the site safety officer or his designee may elect to maintain an electronic copy of the WESTON Corporate Environmental Compliance, Health, and Safety Program Manual (including all FLDs) on site in an electronic format. The most recent version of the CEHS Program Manual and supporting documents are located at:

<http://portal/services/EHS/SitePages/CEHSProgramElements.aspx>

ATTACHMENT D
HAZARD COMMUNICATION PROGRAM

SITE-SPECIFIC HAZARD COMMUNICATION PROGRAM

Location-Specific Hazard Communication Program/Checklist

To ensure an understanding of and compliance with the Hazard Communication Standard, WESTON will use this checklist/document (or similar document) in conjunction with the WESTON Written Hazard Communication Program as a means of meeting site- or location-specific requirements.

While responsibility for activities within this document reference the WESTON Safety Officer (SO), it is the responsibility of all personnel to ensure compliance. Responsibilities under various conditions can be found within the WESTON Written Hazard Communication Program.

To ensure that information about the dangers of all hazardous chemicals used by WESTON is known by all affected employees, the following Hazard Communication Program has been established. All affected personnel will participate in the Hazard Communication Program. This written program, as well as WESTON's Corporate Hazard Communication Program, will be available for review by any employee, employee representative, representative of OSHA, NIOSH, or any affected employer/employee on a multi-employer site.

- ☐ Site or other location name/address: Plastech, 250 Maple Street Extension, Andover, OH 44003
- ☐ Site/Project/Location Manager: Ryan Green
- ☐ Site/Location Safety Officer: Ryan Green
- ☐ List of chemicals compiled, format: ☒ HASP ☐ Other: _____
- ☐ Location of MSDS files: HASP
- ☐ Training conducted by: Name: _____ Date: _____
- ☐ Indicate format of training documentation: ☒ Field Log ☐ Other: _____
- ☐ Client briefing conducted regarding hazard communication: _____
- ☐ If multi-employer site (client, subcontractor, agency, etc.), indicate name of affected companies: _____
- ☐ Other employer(s) notified of chemicals, labeling, and MSDS information: OSC Muller, USEPA
- ☐ Has WESTON been notified of other employer's or client's hazard communication program(s), as necessary? ☐ Yes ☐ No

List of Hazardous Chemicals

A list of known hazardous chemicals used by WESTON personnel must be prepared and attached to this document or placed in a centrally identified location with the SDSs. Further information on each chemical may be obtained by reviewing the appropriate SDS. The list will be arranged to enable cross-reference with the SDS file and the label on the container. The SO or Location Manager is responsible for ensuring the chemical listing remains up-to-date.

Container Labeling

The WESTON SO will verify that all containers received from the chemical manufacturer, importer, or distributor for use on-site are clearly labeled.

The SO is responsible for ensuring that labels are placed where required and for comparing SDSs and other information with label information to ensure correctness.

Safety Data Sheets (SDSs)

The SO is responsible for establishing and monitoring WESTON's SDS program for the location. The SO will ensure that procedures are developed to obtain the necessary SDSs and will review incoming SDSs for new or significant health and safety information. He/she will see that any new information is passed on to the affected employees. If an SDS is not received at the time of initial shipment, the SO will call the manufacturer and have an SDS delivered for that product in accordance with the requirements of WESTON's Written Hazard Communication Program.

A log for, and copies of, SDSs for all hazardous chemicals in use will be kept in the SDS folder at a location known to all site workers. SDSs will be readily available to all employees during each work shift. If an MSDS is not available, immediately contact the WESTON SO or the designated alternate. When a revised SDS is received, the SO will immediately replace the old SDS.

Employee Training and Information

The SO is responsible for the WESTON site-specific personnel training program. The SO will ensure that all program elements specified below are supplied to all affected employees.

At the time of initial assignment for employees to the work site, or whenever a new hazard is introduced into the work area, employees will attend a health and safety meeting or briefing that includes the information indicated below.

- Hazardous chemicals present at the work site.
- Physical and health risks of the hazardous chemicals.
- The signs and symptoms of overexposure.
- Procedures to follow if employees are overexposed to hazardous chemicals.
- Location of the SDS file and Written Hazard Communication Program.
- How to determine the presence or release of hazardous chemicals in the employee's work area.
- How to read labels and review SDSs to obtain hazard information.
- Steps WESTON has taken to reduce or prevent exposure to hazardous chemicals.
- How to reduce or prevent exposure to hazardous chemicals through the use of controls procedures, work practices, and personal protective equipment.
- Hazardous, non-routine tasks to be performed (if any).
- Chemicals within unlabeled piping (if any).

Hazardous Non-routine Tasks

When employees are required to perform hazardous non-routine tasks, the affected employee(s) will be given information by the SO about the hazardous chemicals he or she may use during such activity. This information will include specific chemical hazards, protective and safety measures the employee can use, and steps WESTON is using to reduce the hazards. These steps include, but are not limited to, ventilation, respirators, presence of another employee, and emergency procedures.

Chemicals in Unlabeled Pipes

Work activities may be performed by employees in areas where chemicals are transferred through unlabeled pipes. Prior to starting work in these areas, the employee will contact the SO, at which time information as to the chemical(s) in the pipes, potential hazards of the chemicals or the process involved, and the safety precautions that should be taken will be determined and presented.

Multi-Employer Work Sites

It is the responsibility of the SO to provide other employers with information about hazardous chemicals imported by WESTON to which their employees may be exposed, along with suggested safety precautions. It is also the responsibility of the SO and the Site Manager to obtain information about hazardous chemicals used by other employers to which WESTON employees may be exposed. WESTON's chemical listing will be made available to other employers, as requested. SDSs will be available for viewing, as necessary.

The location, format, and/or procedures for accessing SDS information must be relayed to affected employees.